

Brookhaven National Laboratory
Division OJT

Job Performance Measure Sheet

Procedure Number: _____ Procedure Title: _____

Trainee Name: _____ Life Number: _____

Date of training: _____

NOTE: All Precautions and Prerequisites listed in the SOP must be adhered to by both the Trainer and the Trainee throughout the evaluation.

✓ when done	Procedure paragraph number	Description of step	✓ when done	Procedure paragraph number	Description of step

The trainee named above has demonstrated the ability to perform this task properly and safely, and is therefore judged competent to perform the task without supervision or assistance beyond what is normally required.

OJT Evaluator signature/date

Trainee signature/date